

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09762152	FILED
APPLICANT(S)		

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	5		/			
7	5		/			
8	5		/			
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43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	5		/			
48	5		/			
49	5		/			
50	5		/			
TOTAL IND.			5			
TOTAL DEP.			64			
TOTAL CLAIMS			69			

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	5		/			
52	5		/			
53	5		/			
54	5		/			
55	5		/			
56	/		/			
57	1		/			
58	/		/			
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						